

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Capstone Public Affairs LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2014		
Mailing Address PO Box 2096			Amount 3464.51		
City Jackson	State MS	Zip Code 39225	Transaction ID : SE.4486		
Purpose of Expenditure Facebook Advertising		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2014		
Name of Federal Candidate Mr. Christopher Brian McDaniel			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought 131207.25			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee Capstone Public Affairs LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2014		
Mailing Address PO Box 2096			Amount 800.00		
City Jackson	State MS	Zip Code 39225	Transaction ID : SE.4487		
Purpose of Expenditure Facebook Advertising		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2014		
Name of Federal Candidate Thad Cochran			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought 127742.74			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4264.51		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 06 / 23 / 2014		

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NAME OF COMMITTEE (In Full) Mississippi Conservatives		FEC IDENTIFICATION NUMBER ▼ C C00554774	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Capstone Public Affairs LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2014	
Mailing Address PO Box 2096		Amount 2934.17	
City Jackson	State MS	Zip Code 39225	Transaction ID : SE.4485
Purpose of Expenditure Newspaper Advertising	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 134141.42		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2934.17
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	7198.68

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM / DD / YYYY
06 / 23 / 2014

Signature